

**County of Page**  
**COMMISSIONER OF THE REVENUE**  
101 South Court Street  
Luray, VA 22835

Tel. 540-743-3840/  
540-743-9093  
Fax 540-743-1263/  
540-743-2358

**ACCT.NO.** \_\_\_\_\_  
(For Office Use Only)

**REGISTRATION FORM**  
**PAGE COUNTY 4% FOOD & BEVERAGE TAX**

(Separate Registration Form  
Required for Each Location  
Unless Registered Together  
With the State Under One  
Business Name)

**Taxpayer ID#:** \_\_\_\_\_  
(SS# and/or FEIN#)

**Virginia Sales Tax Registration  
Number:** \_\_\_\_\_

Applicant \_\_\_\_\_  
(Individual\_\_\_\_) (Partnership\_\_\_\_) (Corporation\_\_\_\_) (LLC\_\_\_\_)

Trade Name(s) \_\_\_\_\_

Business Address \_\_\_\_\_ VA \_\_\_\_\_  
(Street) (Town) (Zip Code)

Mailing Address \_\_\_\_\_  
**(If different from Business Location, otherwise write "Same" )**  
\_\_\_\_\_

Class \_\_\_\_\_  
Restaurant, Cafeteria, Delicatessen, Snack Bar, Drive-In, Coffee Shop, Club, Convenience or Grocery Store, Deli,  
Diner, Dining room or other establishment selling prepared food)

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

# of Locations in Page County \_\_\_\_: Dist: SIW \_\_\_\_; MARKSVILLE \_\_\_\_; LURAY \_\_\_\_; SPRINGFIELD \_\_\_\_

\* Location of Each \_\_\_\_\_ - \_\_\_\_\_  
(Map No.) (Address)  
\_\_\_\_\_ - \_\_\_\_\_  
(Map No. (Address)

Date Business Began / or to Begin \_\_\_\_\_

**IMPORTANT:** Name and telephone number of person responsible for reporting tax if different than applicant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tele. No: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Applicant)

**\* If additional space is needed please check here \_\_\_\_\_, and enter the information on the back of this sheet.**